

**North Carolina State Board of Certified Public Accountant Examiners**

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**EXPERIENCE AFFIDAVIT - PART-TIME**

This form is a supplement to the *Experience Affidavit*. The **direct supervisor** must complete both forms and attach this supplement to the *Experience Affidavit*. This form may be copied, but the direct supervisor must sign each page.

Application For: ☐ Examination ☐ Certificate

**TO BE COMPLETED BY APPLICANT:**

First Name Middle Name Last Name Jr./Sr./III

Mailing Address

City State ZIP

**TO BE COMPLETED BY DIRECT SUPERVISOR:**

The applicant was employed part-time in this office of my firm for the period beginning \_\_\_\_\_,  
(month/day/year) and ending (date of termination or today's date) \_\_\_\_\_ (month/day/year).

Any weeks that are 30 hours or more are counted as full-time equivalent weeks [21 NCAC 08F .0401(b)].

Below is a listing of **actual** (not average) hours worked each week. These figures are correct to the best of my knowledge.

Week Ending	Hours Worked	Week Ending	Hours Worked	Week Ending	Hours Worked

Printed Name

Signature

Date

**FOR BOARD USE**

Hours \_\_\_\_\_

Hours \_\_\_\_\_

Hours \_\_\_\_\_

Weeks \_\_\_\_\_

Weeks \_\_\_\_\_

Weeks \_\_\_\_\_